

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36392

1. PLACE OF DEATH

County Jackson
Township Can
City St. Joseph (No. 1562mo)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4297 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 31st Stark St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eula Bartlett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4-1864</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>0</u>	DAYS <u>27</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gardner</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>13</u>
	10. Date deceased last worked at this occupation (month and year) <u>13</u>

11. Total time (years) spent in this occupation <u>13</u>
--

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>

13. NAME <u>Mason Bartlett</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
--

15. MAIDEN NAME <u>Nancy Smith</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
--

17. INFORMANT (ADDRESS) <u>Eula Bartlett</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wt Washington</u> DATE <u>Nov 3</u> 19 <u>33</u>
--

19. UNDERTAKER (ADDRESS) <u>Rose + Henderson</u>

20. FILED <u>11-3</u> 19 <u>33</u> <u>M. M. Crowe</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1933, to Oct 31 1933

I last saw him alive on Oct 31 1933. Death is said to have occurred on the date stated above, at 4:40 A.M.

The principal cause of death and related causes of importance were as follows:

Pericarditis
Phosphorus
Styptic & chondryph
Phosphate stones
Other contributory causes of importance:
Obstruction
Pericarditis

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) John O. Skinner, M. D.
(Address) 1402 Bryan

